IRIDIAGNOSIS

Diagnosis from the Eyes

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INTRODUCTION

During the years 1840 to 1850, Dr. Von Peckzely, of Budapest, Hungary, made his great discovery of nature's records in the eyes.

When he was a boy of 10 years, he was playing in the garden and caught an owl. While he was struggling with the bird, he broke one of its limbs, and, on looking into the owl's large eyes, he noticed in the iris of the bird—at the moment when the bone snapped, the appearance of a black spot. He later verified the area where the black spot formed to correspond with that of the leg.

Even in those early days, Von Peckzely was interested in the study of nature and healing. He prepared a splint and put it on the limb, and kept the bird for a pet.

During the healing process of the leg, he noticed that the black spot in the eye became overdrawn with a white film and surrounded with a white border, denoting the formation of scar tissues in the broken bone, as he learned later.

This coincidence impressed the boy a great deal and he remembered these facts after becoming a doctor.

For some revolutionary activity during student days, Von Peckzely was imprisoned in 1848. He found time and leisure during his stay in prison to pursue his favourite theory, and he became more and more convinced of the importance of his discovery about the owl. In time he was released from prison and eventually, after continuing his studies, became an internee in the surgical wards of the college hospital.

Here he had ample opportunity to observe the eyes of patients before and after accidents and operations, and later prepared a Chart of the eye.

Many well-known scientists have devoted their lives to The Diagnosis from the Eyes.

The ordinary regular schools of medicine as a body have ignored, and will ignore, the subject, BECAUSE IT DISCLOSES THE FALLACY OF THEIR THEORIES AND PRACTICES, and because it reveals the harmful results of chronic drug poisoning and needless operations.

In America great leaders have added to the science by their discoveries, among the great physicians being Drs. Lindlahr, Kritzer, Lahn and other well-known practitioners.

Lindlahr said that the eye is not only as the ancients said, "the mirror of the soul," but it also reveals changing conditions of every part and organ of the body. The iris of the eye contains an immense number of minute nerve filaments, which receive impressions from every nerve trunk in the body.

EVERY ORGAN AND PART OF THE BODY IS REPRESENTED IN THE IRIS IN A WELL-DEFINED AREA, and the nerve filaments, muscle fibres, and minute blood vessels in these areas PORTRAY BY CERTAIN SIGNS AND COLOUR PIGMENTS THE CHANGING CONDITIONS IN THE CORRESPONDING PART OR ORGAN.

By means of various marks, signs and discolorations in the iris, nature reveals inherited disease taints, such as sycosis, scrofula, psora, etc. Nature also reveals by such signs, marks and discolorations, acute and chronic catarrhal inflammatory conditions, local lesions, destruction of tissues, all kinds of drug poisonings, as well as the results of accidental injury and of surgical operations.

By means of this art we are able, from the eye alone, to tell the patient his inherited and acquired tendencies towards health and disease, his condition in general, and the state of every organ in particular. Thus, reading the record in the eye, we can predict the different healing crises through which the patient will have to pass on his road to health.

The eye reveals to us changes in vital organs from their inception, and thus enables the patient to overcome BY NATURAL LIVING AND NATURAL MEANS OF CURE the threatening disease.

The Diagnosis from the Eyes confirms Hahnemann's teaching, that all acute diseases have a constitutional background of hereditary, or acquired taints, and, finally, it reveals the gradual purification of the system from morbid matter and the readjustment to normal conditions, under the regenerating influences of natural living and treatment.

In this book I have inserted a Chart which clearly outlines in the iris of the eye the corresponding areas of every vital part and organ in the body.

V.S.D.

ANATOMY OF THE EYE

The organ of vision (organon visus) consists of the eye (oculus) and of the appendages of the eye (organa oculi accessoria).

The eye consists of the optic nerve (nervus opticus) and the eyeball (bulbus oculi). The accessory organs of the eye include the eye muscles (musculi oculi), the fascia of the orbital cavity (fasciæ orbitales), the eyelids (palpebræ), the conjunctive and the tear apparatus (apparatus lacrimalis).

Bones of the Orbit.

The eye is situated in a depression of the anterior portion of the skull. This depression is pyramidal and is called the orbit. The base is forward and outward, and consists of the roof, floor, and two sides, the external and internal. The apex is backward and inward. There are four angles to the orbit and seven bones compose its walls.

They are named:—

1. Sphenoid: Wedge.
2. Ethmoid: Sive.
3. Frontal: Forehead.
4. Malar: Cheekbone.
5. Palate: Floor of orbit.
6. Superior Maxillary: Upper jawbone.
7. Lachrymal: Thin scale at inner angle of orbit.

In the orbit are nine openings, large and small, to admit the different nerves, arteries and veins. They are as follows:—

1. Optic Foramen, through which pass the optic nerve and central artery.

2. Sphenoidal Fissure, through which pass the third and fourth nerves and the ophthalmic vein.

3. Spheno-maxillary Fissure, through which pass the ascending branches of the spheno-palatin ganglion to supply the periosteum (fibrous sheath of bone).

4. Anterior Ethmoidal Foramen, through which pass the olfactory nerve and ethmoidal artery.

5. Posterior Ethmoidal Foramen, through which pass the posterior ethmoidal artery.

6. Supra-orbital Notch and Foramen, transmits the supra-orbital artery, vein and nerve.

7. Infra-orbital, transmits the infra-orbital nerve and artery.

8. Malar Foramen, or Foramina, through which pass branches of the tempora-malar nerve.

9. Nasal Duct, conducts the tears to the nose.

The eye is well protected by a cushion of fat in which it is set, and is held in place by six recti muscles, which also move the eye in different directions.

Muscles and Nerve Supply.

The principal functions of the muscles are as follows:—

Superior Rectus turns the eye up.
Inferior Rectus turns the eye down.
Internal Rectus turns the eye in.
External Rectus turns the eye out.
Superior Oblique or pulley muscle moves the eye down and out.
Inferior Oblique turns the eye out and up.

No movement of the eye is performed by any one muscle alone, but by several muscles working together. The first four muscles (recti, or straight muscles) have their origin at the apex of the orbit and are attached to the sides of the eyeball. These muscles would pull the eye back into the orbit but for the adjustment of the oblique muscles. The superior has its origin at the apex of the orbit, but passes through a pulley at the front of the orbit, then back to the equator of the eye, and is attached under the superior rectus muscle.

The inferior oblique has its origin at the front of the orbit. It passes backward and is attached back of the equator of the eye under the inferior rectus. The last two pull the eye forward, while the other four pull the eye backward. By this method the eye is held in perfect poise.

The third nerve supplies all the muscles except the superior oblique, which is supplied by the fourth nerve, and

the external rectus is supplied by the sixth nerve. *These are named the extrinsic muscles,* as they are outside of the eyeball.

The intrinsic muscles are the sphincter and dilator of the iris, and the ciliary muscles. They are supplied by the third, sympathetic, and fifth nerves. The iris is the curtain of the eye, and regulates the amount of light entering in. The ciliary muscles control the focus of the crystalline lens or the accommodation of the eye for different distances.

The muscles of the eyelids are the Orbicularis Palpebrarum, supplied by the seventh nerve. They close the lids. The Levator Palpebrarum, supplied by the third nerve, raises the lids.

Solids and Fluids.

The eye is composed of fluids and solids. The fluids are the aqueous humour, crystalline lens, and vitreous humour. These are all clear, transparent fluids, and are known as the refracting media.

The solids are the sclerotic coat. A hard, dense, fibrous membrane which, with the cornea, forms the external coat of the eye. It preserves the shape of the eye, and is well fitted for the attachment of the external muscles.

The Choroid is immediately beneath the sclerotic coat, and is richly supplied with blood vessels and nerves. It includes the ciliary muscle, ligament and processes, also the iris.

The Optic Nerve. (From Spalteholz *Atlas of Anatomy.*)

The optic nerve is variably curved in the orbital cavity; in the vertical direction it is curved so as to be slightly bayonet-shaped, in the horizontal direction slightly "S"-shaped, behind lateralward, in front medianward convex, and enters into the posterior surface of the eyeball about 4 mm. medial from, and somewhat below, the posterior end of the optic axis. *It is enclosed in its three sheaths*—the dural, arachnoidal, and pials sheaths, known collectively as the viginæ n. optici, which are continuations of the brain membranes, and at the eyeball go over into the sclera. The outer thickest dural sheath, consisting of tough connective tissue, is derived from the dura mater and forms the periosteum lining, the foramen opticum. Following upon this is the delicate arachnoidal sheath, a continuation of the

arachnoidea, and upon this a continuation of the pia mater, the pial sheath, which is connected by five strands with the arachnoidal sheath and sends septa in between the bundles of nerve fibres. The sheaths are separated from one another by the spatia intervaginalia, and between the dural and arachnoid sheaths is a continuation of cavum subdurale; between the arachnoidal and pial sheaths a continuation of the cavum subarachnoideale; both of these extend forward as far as the sclera, but do not communicate with one another there.

The Eyeball (Bulbus Oculi).

The eyeball lies surrounded by fat, fascia and muscle in the orbital cavity, and presents, roughly speaking, the form of a sphere. It is formed of the contents or nucleus of the eyeball in the interior, and of the coats of the eye ensheathing these externally. The former from before, backwards, are:—

1. The humour aqueous.
2. The lens crystallina.
3. The corpus vitreum or glass body. The coats of the eyes are concentrically laminated and consist, from the outside, in, of:—
 1. The tunica fibrosa oculi.
 2. The tunica vasculosa oculi.
 3. The retina.

The Bulbus Oculi resembles a section of a sphere, fairly complete only in its posterior half. The anterior half possesses a frontal, shallow circular indentation (sulcus sclerea), from which the most anterior part projects as a small segment of a sphere with smaller radius of curvature. This projection belongs to the cornea, the other part of the surface to the sclera, so that the sclerea indicate at the same time the external junction between the cornea and the sclera.

The Tunica Fibrosa Oculi is a tough, thick membrane, completely enclosing the eyeball, and conditioning its form. About five-sixths of it consists of the non-transparent sclera and the remaining one-sixth of the transparent cornea which surrounds the anterior pole.

The Sclera, white or hard coat of the eye, is a tough connective tissue membrane, usually of a pure white colour. It is thickest at the entrance of the optic nerve, the sheaths of

which go over directly into it, and, passing forward, it becomes gradually thinner as far as the attachments of the straight eye muscles, the tendon bundles of which interweave with it and strengthen it in its most anterior part. It is loosely covered in its anterior part by the conjunctiva bulbii, and is thus far also visible in the lid slit as the white of the eye. In front the non-transparent bundles of the sclera go directly over into the transparent ones of the cornea. This transition occurs outside and inside somewhat further forward than intermediately, so that the sclera in a way forms a groove, known as the rima cornealis, for the reception of the margin of the cornea. Just behind this transition, in a furrow of the sclera, runs a circular blood vessel called the sinus venosus scleræ, which is bounded internally by the ligamentum pectinatum iridis. The sclera is perforated behind by the n. opticus; bundles of connective tissue aranged in the form of a network separate the individual bundles of nerve fibres from one another and form a perforated plate called the lamina cirbrosa scleræ, for the passage of the latter. In addition, the sclera possesses openings for the passage of the arteries, veins and nerves ciliaries.

On its outer surface it is united by a delicate network with the surrounding fascia bulbi, which, however, does not inhibit the movability of the eyeball. Its innermost layer lies in direct contact with the tunica vasculosa, is coloured brownish by various pigment cells, and is accordingly called the lamina fusca scleræ.

The Cornea is a colourless, transparent, non-vascular connective tissue membrane, and has the shape of a flat, round bowl, curved so as to be convex in front and concave behind. At the margin (limbus corneal) the sclera above and below reaches somewhat further forward than medial and lateral, hence the circumference of the cornea viewed from in front looks like an ellipse with its longest diameter placed transversely; viewed from behind it is circular. The anterior surface of the cornea resembles approximately an ellipsoid of revolution only in the zone of the pole; it is thereby a little more markedly curved in the vertical direction than in the transversal. Its thickness is greater than that of the neighbouring sclera, but diminishes gradually from the margin on, and is least at the point of greatest convexity (vertex corneal). The convex anterior surface (facies anterior) lies free to view

in the lid-slit and is covered by the epithelium corneal, a direct continuation of the conjunctiva bulbii, which is attached for the most part loosely on the anterior surface of the sclera, and is connected with it firmly only in a narrow, often ridge-like strip (annulus conjunctivæ) immediately surrounding the cornea. The epithelium cornea rests upon the narrow, very transparent lamina elastica anterior, and this goes over behind into the laminated substantia propria which forms the main mass; then follows the lamina elastica posterior, which resembles the anterior, but is thinner, and finally the endothelium cameræ anterioris; this covers the facies posterior of the cornea, forms the anterior boundary of the anterior chamber of the eye filled with aqueous humour, and is sometimes lateralward upon the angulus iridis and the anterior surface of the iris.

The Tunica Vasculosa Oculi, with its main mass, lies directly on the inner surface of the sclera; only its most anterior portion, the iris, projects inward free into the bulbus from the region of the rima cornealis, approximately transversely to the optic axis. The part lying against the sclera is divisible into a larger posterior smooth portion (the choroidea), and a narrow anterior ridged portion (the corpus ciliare); it is firmly fused with the sclera behind only at the entrance of the optic nerve and in front at the rima cornealis, but otherwise is separated from it by a slit-like lymph space (spatium perichoriodeale), lined by endothelial cells and studded with numerous fine, pigment-holding lamellæ, which is bounded externally by the lamina fusca sclerea, and internally by the most superficial layer of the choroidea (lamina suprachoriodea), and is perforated by some vessels and nerves. All portions of it are very delicate and contain an extraordinarily large number of blood vessels, and numerous nerves and ganglia. The corpus ciliare and the iris contain muscles in addition.

The Choriodea is very thin and includes approximately the posterior two-thirds of the eyeball, and is sometimes lighter, sometimes darker, according to the amount of pigment it contains. It possesses behind a round opening for the passage of the optic nerve. In it five layers are distinguishable. Upon the lamina suprachoriodea follows the pigmented lamina vasculosa with the coarser vessels, namely,

the roots of the v. v. vorticosæ and nerves, then the layer of medium-sized vessels, then the non-pigmented lamina choriod capillaris with the blood capillaries, and upon this the laminæ basalis, the two latter being recognisable only microscopically. In contact with the latter is the stratum pigmenti of the retina, which remains attached to it even after separation of the retina.

The Iris is a round disc with a round opening, the pupilla, which does not lie exactly concentrically, but deviates from it somewhat downwards and nasalward. At its lateral margin (margo ciliaris) it proceeds from the ciliary body, and by its medial, free margin (margo pupillaris) its rests on the anterior surface of the lens. Its medial margin lies in front of the plane of the lateral margin, so that the whole disc has the form of a very flat funnel. On widening of the pupil it becomes narrower and thicker. Its greatest thickness lies near the margo pupillaris, and corresponds to the junction between the annuli iridis; from there on it diminishes toward the thin margo ciliaris; less so towards the margo pupillaris. *The anterior surface is visible through the cornea as far as the marginal part and is of variable colour according to the pigment it contains.* About 1 mm. from the margo pupillaris runs a jagged line, which separates a narrow inner zone, annulus iridis minor, from a broader outer, annulus iridis major. In the former, small anastomosing ridges run to the margo pupillaris, which itself is formed by a fine notched, dark brown edge belonging to the stratum pigmenti iridis. In the outer zone run several usually incomplete circular contraction grooves (plicæ iridis), concentric to the margo pupillaris; in addition, when there is little pigment in it, the vessels are visible as radiating tortuous whitish lines. The posterior surface of the iris is covered by the stratum pigmenti iridis, is uniformly black, and is studded with very fine radiating folds. *The nerve supply to the iris is motor, sensory, and sympathetic.*

The Retina is the inner nervous tunic of the eyeball. It is formed by the expansion of the optic nerve within the eye, and is the perceptive structure of the eye. There are eleven distinct layers of the retina. Naming them from within, out, they are:—

1. Internal Limiting Membrane

2. Optic Nerve Fibre layer.
3. Vesicular or layer of Ganglion cells.
4. Internal Molecular or Plexiform; a granular layer.
5. Internal Nuclear layer.
6. External Molecular or Plexiform; a granular layer.
7. External Nuclear layer.
8. External Limiting Membrane.
9. Layer of Rods and Cones.
10. Pigmentary layer.
11. Fibres of Muller.

It is here, upon that portion called the Macula Lutea, or yellow spot, that the photograph of what we look at is made. The cones are abundant and distinguish between colours.

The Optic Disc is situated a little to the nasal side of the macula and is the blind spot of the eye. *The optic nerves pass backward and inward until they meet.* This point of union is called the optic chiasm or decussation. From the chiasm to the brain it is called the optic tract. *The function of the optic nerve is to convey the picture to the brain, giving us the sense of sight.*

The Ciliary Body is composed of ligaments, muscles and processes. The ligament is a narrow ring of circular fibres, about one-fortieth of an inch thick, and whitish in colour. *The ciliary muscle is the chief agent in accommodation, that is, in adjusting the eye for far and near objects.*

The Hyaloid Membrane is a delicate, transparent membrane surrounding the vitreous humour.

The Crystalline Lens is a double convex lens, having its greatest convexity on the posterior side. It is perfectly transparent and consists of several concentric layers. It is contained in a capsule and receives its nourishment from transparent, polygonal, nucleated cells covering the inner surface of the capsule. It is held in place by the suspensory ligament, sometimes called the " zone of zinn." It has about ten dioptres of refractive power.

The Capsule of Tenon is a membrane of two layers, one of which is attached to the eyeball, the other to the cushion of fat. They play one on the other as the eye moves in different directions. In enucleating the eye great care is taken to leave one membrane on the fat, the other on the eyeball.

The Conjunctiva is the delicate mucous membrane lining the eyelids and covering the external portion of the eyeball. It is very firmly attached to the eyelids, and that part is called the Palpebral Conjunctiva. It is loosely attached to the eyeball, and that part is called the Ocular Conjunctivea. It is continuous from the margin of the lids to the margin of the cornea, where it ends. *This membrane is involved in many diseases of the eye.*

The Lachrymal Gland is located under the arch of the eye. It is about the size of an almond and its function is to flush the eye. It is not used to moisten the eye, as the conjunctiva furnishes its own lubricant. Tears pass across the eye to the inner corner till they reach the Puncta Lachrymalia, whence they are carried through the Canuliculi into the lachrymal sac, then through the nasal duct into the nose.

The Eyelids are two thin, movable folds placed in front of the eye, protecting it from injury by their closure. The upper lid is the largest and more movable, and is furnished with a separate elevator muscle. When the eyelids are open, an elliptical space is left between their margins, called the Fissura Palpebrarum, the angle of which corresponds to the junction of the upper and lower lids and are called Canthi. The outer canthus is more acute than the inner, and the lids here lie in close contact with the globe; but the inner canthus is prolonged for a short distance inwards towards the nose, and the two lids are separated by a triangular space, called the Lacus Lachrymalis. On the margin of each lid is a small conical elevation, the Lachrymal Papilla or Tubercle, the apex of which is pierced by a small orifice, the Punctum Lachrymali, the commencement of the lachrymal canal.

The Meibomian Glands are situated upon the inner surface of the eyeballs, between the tarsal cartilages and conjunctiva, and may be distinctly seen through the mucous membrane on everting the lids, presenting the appearance of parallel rows of pearls. There are about thirty or forty in the upper lids, and somewhat fewer in the lower. The use of their secretions is to prevent adhesion of the lids. Occasionally one or more of these glands becomes infected, constituting the so-called Meibomian Cyst.

The Body Pictured in the Iris

Introduction

It is through the Sympathetic and Cerebro-spinal Nervous systems and their branches and their intimate connection between the various parts of the body and the iris. Thus we have the scientific explanation of the system of diagnosis.

Any irritation of any part of the body is transmitted through afferent nerves to the autonomic brain centres which send, in response to stimulation, a rush of blood to the affected part through efferent nerves, causing swelling and congestion. This in turn is transmitted through reflex nerve stimulation to the corresponding area in the iris. Kritzer says that this causes vascular projecting ridges which run radially from the ciliary to the pupillary borders; this in turn raises the normal white fibres of the top layer of the iris, making them plainly visible to the unaided eye. He says further that this phenomenon does not in any way affect the vision, but it explains why every acute process shows white in the iris.

A decrease takes place with lessened congestion and eventually it fades away altogether. Through suppression or neglect the acute processes naturally become gradually chronic, causing a passive congestion—a venous stasis. A similar stasis (Kritzer states further) occurs in the vascular layer of the iris, causing a darkening of the corresponding part, due to the accumulation of dark venous blood. Tissue destruction through injury, etc., show black spots through the severance of the nerve connection with the corresponding area in the iris.

The different colours corresponding to certain drugs, such as red for iodine, greenish yellow for quinine, etc., *found in the iris are created by colour pigments carried into and deposited in the surface layers of the iris through the capillary circulation.*

In order to guide the student and others to a good grasp of Iridiagnosis, the following guiding points will be of benefit. For diagnostic purposes let us call the navel or umbilicus, as it is called, the centre of the body. This could correspond to the black pupil in the centre of the chart.

On looking at the chart it will be seen that the stomach shows as the first circle. Wherever there are found dark

Mushigan, Ahmedabad.

lines or spots in this region we may be sure there is some gastric disturbance.

Now one of the easiest drug poisons to locate in this area is bismuth—mostly taken for digestive disturbances, and showing in the stomach area as a steel-grey irregular circle. Of course, lead workers sometimes have this colour showing in the stomach area, but the circle is perfect instead of irregular. *All medicines which reveal themselves in the iris are poisons.* Is not medicine-taking perfectly ridiculous? Now you can enlighten your patient or friend by telling him what he is suffering from, and the medicine he has been taking without having to ask him. This is one of the greatest provers of the facts of Iridiagnosis.

Next we come to the intestinal tract. The areas are marked on the chart. We do not expect to find this area as clear as other parts of the iris because most ailments commence in the stomach and intestinal area. Then again, we know that this is the area where there are often accumulated waste materials—so we can expect to find a darkening or discoloration of the intestinal area in diseased conditions.

How can the blood be kept clean if this area (which may be about 26 feet long) has its tubes or walls all clogged with poisonous materials and, maybe, further poisoned with medicines? Seeing that this area supplies nutrition through its walls, we can see how easily poisons get into the blood-stream. In children we may find dark spots in this area, and it may indicate worms. Under NATURE CURE treatment, of course, the iris changes its colour to a more normal blue or brown due to the internal house cleaning. It may be worth while to mention that oil of garlic is useful for the elimination of worms, and assisting in cleansing the intestinal tract as a beginning treatment.

Now the pancreas can be observed. If diabetes is present we will find a discoloration in that area. The same with the appendix area—if a white triangle is present, and there is pain in the right lower abdomen, then it is likely that appendicitis is the diagnosis. A white line may indicate only congestion.

The zig-zag circle of the Sympathetic Nervous System is the next consideration. This is always present in health

and disease. Any irregularity, and the area it juts outward to, means irritation in that organ. *In this chart I have left the S.N.S. as a plain circle for convenience.* Remember this wreath, as it is called, is zig-zag in the iris.

The Genito-urinary organs and the Reproductive organs covers the kidneys, adrenals, prostate gland, uterus, urethra, and bladder. Minute black spots in the bladder or kidney area indicate stones. Dense spots in the uterine area indicates fibroid tumour. If other conditions are present we will find dark lines in that area. Congestion and irritation will reveal itself in the following areas by various spots (such as red spots surrounded by white when iodine has been used), and white lines showing acute processes or dark lines showing chronic irritation, etc.

Trachea, back, esophagus, scapula, spinal column, thyroid, tonsils (minute black spots show removal), bronchus (dark spots showing bronchitis), mouth, tongue, nose, mandible, maxilla, cheek, eye, ataxia area—noted in venereal cases, etc. Wherever white clouds are showing, as, for instance, in the liver area, this may indicate enlargement, whereas dark clouds may indicate hardening processes going on. The same with other organs. The spinal column is indicated in the chart by a thin line running downward through the seventh cervical, twelfth dorsal vertebræ, fifth lumbar, sacrum, and coccyx. A white line may indicate spinal disease.

With regard to the eye area, care should be taken in diagnosis. I have noticed recently six cases where there were no lesions in the eye area, yet the patients had some defect in vision. I found the visual area (sight centre in the brain) showing a definite lesion, and quinine with its greenish-yellow colouring in the upper part of the iris. In each case the eye-sight has improved under natural treatment and especially under Lindlahr's system of Neurotherapy.

Experimenting and tabulating with cases of Pituitary, Para-thyroid, and Disturbance of Balance, I was able to locate and add to the science of Iridiagnosis these areas in the Iris.

Lesions found in other areas will explain themselves to students who have good powers of deduction. For instance, if heavy greenish-yellow discolorations are showing indicating

quinine poisoning, then there may be symptoms of dizziness, colour blindness, enlargement of the spleen, as I found in a recent case, etc.

Now I will mention another point of interest. A case I have in mind showed a lesion in the ataxia area. On mentioning to the patient that I suspected mercury poisoning (seeing that the mercury ring was also present, causing his backache and sciatica), he would not accept my diagnosis. His doctor had treated him previously for sciatica. On refusing to diet properly he developed, after six years, locomotor ataxia—too late to do anything. Mercury takes several years to do its deadly damage, if it remains in the system. Several mercury fillings in the teeth added to the trouble. I advise alkaline diet if the patient will not have these fillings removed, because it is better than a diet containing acid fruits due to the formation of mercurial salts when acid fruits come into contact with the fillings. HENCE I DO NOT advise a mouth gargle or wash with lemon juice—or for purposes of cleaning the teeth—whenever I find a case showing mercury fillings. Porcelain fillings are safest.

Enough has now been said to help the student, and also anyone else interested in the study of Iridiagnosis. A mastery of this subject leads to efficiency in Naturopathy. I hope this book will help many to the realisation of the dangers of drugs and medicines; that they will disseminate its teachings and so help to bring about, in the course of time, a much-needed revolution in healing methods. It is pitiful to see the Sodium rings, the Iodine spots, the Bismuth signs, the Aspirin taker's eyes, the Quinine eyes of passers-by—knowing full well that they are slowly poisoning themselves. I trust the day may not be far distant when Naturopathy will be fully understood, and Iridiagnosis, too, and so help humanity onward.

DEFINITION

A science revealing pathological and functional disturbances in the human body by means of abnormal markings and changes of colour of the iris of the eye.

This great discovery by Dr. Ignatz Peczely, of nearly a century ago, is based upon the fundamental truth that the iris of the normal man, woman or child is of a uniform texture, without lines of spots, and of a clear colour, being

either BLUE OR BROWN. Whereas the almost universally found spots in the iris denote abnormal changes taking place in any part or organ of the body, thus exposing any deviation from the normal bodily structure or function.

In the development of chronic diseases we distinguish the following four distinct stages of encumbrance (as shown by Lindlahr):—

1. Hereditary and Congenital stage (accumulative).
2. Acute or subacute inflammatory stage (primary reactive).
3. Chronic stage (secondary reactive).
4. Destructive or chronic destructive stage accompanied by loss of tissue (stage of failure).

Chronic disease never develops suddenly in the human body, as Nature always endeavours to prevent its gradual development by acute and subacute healing efforts, revealing white grey lines in iris. This is in accord WITH THE FUNDAMENTAL Law of Cure. If, however, these healing efforts of healing crises are checked, or suppressed by any means whatever, then they are followed by chronic after-effects, revealing dark lines or marks in the iris.

STAGES

First Stage.—Inherited (hereditary and congenital) tendencies are recorded in the iris of the eye in three ways—by colour, density, and hereditary lesions.

1. The colour of the iris indicates whether the vital fluids and tissues are pure and normal, or whether they are affected by disease taints and foreign substances.
2. The density, that is the woof or grain of structures composing the iris, gives us information about the firmness, vitality and general tone of the tissues of the body.
3. Hereditary and congenital lesions in the form of shady grey, usually ovoid or spindle-shaped lesions in the irides of the offspring, indicate weakness or disease in corresponding organs, or parts of the bodies of the parents.

Second Stage (Acute or Subacute Stage).

The acute stage of any disease shows only by a white line, or cloud, which may appear long before there are any manifestations of disease. For example, pulmonary tubercu-

losis may be diagnosed from the iris oft-times long before the tubercle bacillus can be demonstrated in the sputum, although in this connection it is claimed that the earliest possible diagnosis can be established with the use of the X-ray.

The subacute stage borders between the acute and chronic stage, and shows in the iris as a greyish or light grey discoloration. This sign appears in cases where Nature's healing and cleansing efforts have been checked or suppressed by various means, such as exposure to wet and cold, lowered vitality, or by ice-packs, drugs or surgical treatment. The pathological changes from the acute to the subacute stages are accompanied by atrophy of structures in the corresponding organs or tissues.

Third Stage (Chronic Stage).

Retention of toxic materials, lowered vitality, and the inroads of pathogenic micro-organisms into the system, gradually cause decay and destruction of tissues. Simultaneous with the changes in the organs or tissues, similar changes take place in the corresponding areas of the iris. In these fields of the iris the tissues lose their vitality, dry, shrivel, and turn dark. As a result of this, the white signs of acute inflammatory lesions become intermingled with dark shades and streaks. When examined with a strong glass, it will be noticed that these dark areas are more or less depressed.

Fourth Stage (Destructive Stage).

In the advanced stages of destruction of tissues there appear in corresponding areas of the iris the dark areas or holes, which extend sometimes right down into the black pigment layer of the iris.

NATURAL COLOURS OF THE IRIS

The colour of the iris in the new-born of the white race is blue, and is caused through the absence of pigmentation. Pigment only develops after birth.

There is a great deal of conflicting data available on the iris colours as a result of exhaustive investigation by so many scientists engaged in the study of the human race. However, the best authorities claim that there are only two normal colours of the iris.

1. LIGHT AZURE BLUE.
2. LIGHT HAZEL BROWN.

Other colours are known as mixed colours, and are either due to racial characteristics or to the deposition within the system of various crude drugs, which make for the yellow, green, and steel grey shades, and, of course, these are subject to change through various hereditary and acquired influences. As a result of this, irides are oft-times spoken of as being of these particular colours.

DENSITY

The colour changes that are often spoken of and observed in the iris are, in themselves, indicative of the conditions of the health of their owner. The lighter the colour—either blue or brown—the better the individual's health and recuperative powers. THE DISCOLORATIONS IN THE IRIS HAVE A STILL FURTHER SIGNIFICANCE, HOWEVER, AS THEY DISCLOSE A TRUTH WHICH IS DESTINED TO BRING ABOUT A RADICAL REVISION, BOTH IN THE THEORY AS WELL AS IN THE PRACTICE, OF THE ADMINISTRATION OF DRUGS IN PHYSIOLOGICAL DOSES. The colour, spots and discolorations in the iris positively denote the accumulation of drugs in the system, taken in what are now called physiological doses, either internally or externally. Thus iridiagnosis conclusively proves two facts:—

1. That drugs are not always eliminated entirely from the system.
2. That because of their retention in the system and because of their constant irritation, drugs often are causative factors in chronic and malignant diseases.

While the colour of the iris is indicative of hereditary taints and of the degree of purity of blood and tissues, so does density indicate the degree of vitality, the power of resistance, and recuperative power of the individual. Homeopathic medicines do not show in the iris and are therefore non-poisonous.

Normal Density.

Lindlahr states that: "In an iris of normal density the structures comprising the stroma and surface layer of the iris are normally developed, and arranged in an orderly manner, so that they lie in smooth, even layers, like the fibres of a

piece of good linen." When the layer of endothelial cells (coming from the embryonic endodermic layer) covering the stroma is perfectly intact, then the iris is of normal density, and presents a surface of crystalline clearness with a beautiful glossy appearance. Such an iris is the rule among wild animals which live in the open, but it is very rare in the human kingdom.

Defective Density.

In an iris of defective density, the nerve and muscle fibres in the surface layer and stroma are unevenly developed and arranged. Some are swollen and some shrunken. Some are entirely obliterated. In all cases of defective density, however, the fibres are disarranged and crooked, and are not in any definite order whatever.

An iris of defective density presents an abnormal discoloration as well as an abnormal grain or texture, and it will be obvious, therefore, why defective density also indicates lowered vitality and weakened resistance.

Four Degrees of Density.

Density No. 1 or Good.—In irides of this density the colour is normal, and there are no abnormal signs except, perhaps, a few straight white lines. Such irides are the rule in the animal kingdom, but are very rare in the human kingdom.

Density No. 2 or Common.—The white lines are increased and more tangled. There are a few hereditary lesions and some dark lines indicating subacute catarrhal conditions; also some nerve rings.

Density No. 3 or Poor.—In these irides white lines are more prominent and tangled. They contain several nerve rings. Signs of subacute and chronic conditions are numerous, and there are several closed defects.

Density No. 4 or Very Poor.—In these irides signs of chronic and destructive conditions predominate. The nerve rings are partially dark and there are numerous closed lesions. Prognosis in these cases is not good.

SYMPATHETIC WREATH

Immediately around the intestinal area on the iris chart we have what is called the Sympathetic Wreath, which

corresponds to the Sympathetic Nervous System. As every cell and part of the body depends for life on the sympathetic nervous system, which acts as a storage of energy, we are not surprised to find that from this wreath every organ and part of the body radiates.

The sympathetic wreath is seen near and around the pupil as a zigzag circle, being white in the blue as well as in the brown iris, although it may be discoloured in some cases by drugs and morbid encumbrances. The area of the sympathetic wreath is the only exception which is seen in the iris in health as well as in disease. In the chart in this book I have drawn the wreath as a perfect circle for convenience. The student should remember, however, that it stands for the zigzag circle.

The distinction between the normal and abnormal conditions of the sympathetic nervous system is indicated by an irregular condition of the sympathetic wreath in disease, and the normal or regular condition of the wreath in health.

Any deviation from the normal regularity of the circle denotes a corresponding irregularity in the functions of the organ towards which it points. For example, a general widening and branching condition of the sympathetic wreath corresponds to a flabby, flaccid, dilated condition of the intestines. Such a relaxed condition is causative of flaccid constipation by virtue of the fact that the musculature of the intestines is too weak to contract, and thus propel the food residue. This condition is known as colonic stasis, and is caused through the lack of tone and deficient peristalsis, or of muscular movements of the intestines. From this it is plain that in such condition enemas are particularly CONTRA-indicated, because the habitual injection of warm water still further dilates the already weakened intestinal walls. The correct treatment for such a condition would be to give a large amount of bulk in the diet by increasing the amount of the green leafy vegetables and fruits, all of which are rich in cellulose and fibrous material, and also to treat the reflex centre in the spine which contracts the intestines. A mild application of sinusoidal current applied to the abdomen is also very efficacious.

On the other hand, a small narrowed sympathetic wreath signifies a correspondingly spastic or rigid condition of the

intestines. This is causative of spastic constipation. This is also a factor in the cause of hæmorrhoids, because of there being a likelihood of straining at the stool, with the resulting stasis and protrusion of rectal blood vessels. The indicated spinal treatment in this condition would be to give stimulative treatment on the eleventh dorsal vertebræ, and thus dilate the intestinal musculature. Progressive dilatation of the rectum will also do much to relieve this condition.

DIAGNOSTIC ILLUSTRATIONS

1. When the sympathetic wreath is pointing or jutting towards the peritoneum and lower abdomen, it indicates an impaired function of the gastro-intestinal tract, with the resulting stasis and distention of the colon, especially of the descending colon and sigmoid flexure. This sign is also very often seen in cases of splanchnoptosis.

2. When pointing towards the generative organs (right iris) it indicates a lack of functional activity of these organs, such as impotency.

3. When pointing towards the cæcum (right iris) it indicates a distention of the cæcum, and first part of the ascending colon. This condition is often noticed in patients who have had an appendectomy performed upon them, and in consequence of which there is a lack of natural lubricant for the ascending colon, up which food residue must be forced against gravity. Contrary to general medical opinion, we know that the appendix is a useful organ, and is used as a lubricator, because of its secretions.

4. When the sympathetic wreath is distended towards the rectum, the patient will complain of TENESMUS (rectal pain with spasmodic contraction of the sphincter ani). A symptom of this condition is a false desire to defecate or evacuate the bowels.

5. When pointing towards the nose, and if a white line is visible in the area of the nose, it denotes an exaggerated sense of olfaction. If a dark line is found in the nose area it denotes an impairment or complete loss of the sense of smell, due to a degeneration of the Schneiderian membrane, the mucous membrane which lines the nasal fossæ.

6. When the wreath is distended in the heart region (left iris) it often denotes an hypertrophied heart or myocarditis.

In fact, whenever the sympathetic wreath points to the area of any organ, it indicates an abnormal, or subnormal, condition of that particular organ.

NERVE RINGS

Nerve rings are curved thread-like, circular lines, which appear half-way between the pupillary and ciliary border of the iris, and are formed by the contraction furrows of the iris.

In the blue or brown eye they are either white, grey, dark, or black, and are brought about by:—

1. An over-irritated condition of the motor nervous system. This may show as a complete circle.
2. Emotional states of the patient.
3. Pain or congestion in any special organ.
4. A subacute condition of the nervous system.
5. A chronic condition of the nervous system.
6. Actual destruction of nerve tissue.

These etiologic factors explain why nerve rings appear and disappear in the iris corresponding with the ebb and flow of the emotions and disease processes.

WHITE nerve rings indicate an irritated, over-stimulated condition of the central nervous system, or of certain parts of it. If the nerve rings form a complete circle they indicate a high nervous tension, such as that which a student, or some professional men, are constantly under.

If the rings are white, and are restricted to a particular area, they denote local acute inflammatory processes causing congestion and pain.

Examples of this may be found when white nerve rings show in the region of the bronchi, pleura, and lungs, indicating acuté bronchitis, pleurisy, or even pneumonia, or when they are found in the brain region, indicating headaches, or an inclination to dizziness and faintness. One may find other marks or discolorations in the dizziness or fainting areas in the iris.

When in the lower part of the iris, and particularly in the area of the genito-urinary organs, they indicate in females dysmenorrhea. In the male, when in the region of the cerebellum, they indicate spasms, convulsions, and fits of anger.

These white nerve rings are also occasionally observed before, or during, a healing crisis, and in this way the physician is able to tell in which organ an increased activity is going on.

Grey or Dark Nerve Rings.

When the nerve rings appear grey or dark, they mean that the corresponding portions of the nervous system have passed from the acute, over-irritated state to the subacute or chronic state.

Dark nerve rings in children denote hereditary weaknesses. Under natural treatment it is particularly interesting to note the gradual change of the dark nerve rings into grey and then into white, and in time the entire disappearance of even the white nerve rings. Convergent white lines originating from the centre may indicate nervous collapse.

Black Nerve Rings.

Nerve rings which are absolutely black indicate an atrophy, or an actual destruction of nerve tissue, such as would be found in tabes dorsalis or the various forms of paralysis.

LYMPHATIC SYSTEM

The Lymphatic System, which is part of the Circulatory System, comprises the lymph vessels, the lymph capillaries, and the lymph glands. They are the first tissues to offer resistance to the invasion of bacteria or any foreign matter.

The sign of the lymphatics in the iris is often spoken of as the lymphatic rosary, because THE SIGN APPEARS IN THE FORM OF WHITE FLAKES IN THE OUTER RIM OR CIRCULATORY SYSTEM OF THE IRIS, RESEMBLING THE BEADS OF A ROSARY. Wherever these white beads or flakes appear, they indicate inflammation and an engorged condition of the lymph nodes in the corresponding parts of the lymphatic system. In the later stages they indicate an atrophic condition of the lymph glands. Occasionally we find the flakes discoloured with the characteristic pigments of drug signs.

A DISTINCTION MUST BE MADE BETWEEN THE LYMPHATIC ROSARY AND THE SIGN OF ARSENIC, because, owing to the fact that arsenic has an affinity for the spleen and lymph glands, and shows up in the form of white flakes, it is often mistaken for the lymphatic rosary. However, the lymphatic rosary

only appears in the outermost rim of the iris, just inside the scurf rims (skin area), in an orderly manner like the beads of a rosary, but the flakes of arsenic may appear singly or in irregular groups anywhere in the outer half of the iris.

When the lymph nodes and lymph vessels of the internal organs are affected, the lymphatic rosary shows in the iris in the areas of those organs.

Natural therapeutics for the first time gives a rational explanation of the true function of the lymphatic system and the spleen. The spleen and lymph nodes, as we now know, serve to filter the mucoid pathogenic materials out of the blood stream, and to condense them into little compact bodies. These bodies are called leucocytes or phagocytes, and are the white cells which have been mistaken for live germ-killing cells.

The purpose of this condensation of pathogen is to render the blood serum more fluid, and thus to facilitate osmosis or its penetration through the capillary walls into the intercellular spaces, and thereby improve the nourishment of the cells, and the drainage of waste through the lymphatic and venous systems (*Lindlahr*).

One of the principal reasons why *Metchnikoff* assumed that the leucocytes were germ-killers was because they increased in numbers with the beginning of inflammatory processes in any part of the system. He thought they increased because more germ-killers or phagocytes were needed to overcome the inflammation creating bacteria. However, natural therapeutics proves that inflammation takes place because of the increase in pathogenic waste material and leucocytes which cause obstruction in the capillary circulation.

Kritzer's opinion regarding our comments on the "rosary" is that it denotes accumulation of arsenic in the system of those who had typhoid fever and were treated with arsenic.

SCURF RIM

The Skin.

Of the many functions of the skin, perhaps the following are of most importance:—

1. Protective.

2. Cosmetic.
3. Sensory (Touch, Pain, Heat, Cold).
4. Excretory.
5. Absorptive.
6. Thermotatic (regulator of body heat).

The amount of carbonic acid given off by the skin in ratio to that which passes through the lungs is about 1-150 or 1-200. The amount of sweat excreted per day is from 500-2,000 cubic centimetres, or from 1 to 4 pints. This, of course, may be either VISIBLE (SENSIBLE) OR INSENSIBLE (INVISIBLE) sweat. The amount of skin on an average human body is about 20 square feet, and this contains approximately from 2,500,000 to 3,000,000 sweat glands, each of about $\frac{1}{4}$in. long. These glands are found in the under layer of fats, and constitute a drainage of from $2\frac{1}{2}$ to 3 miles.

The outer rim of the iris, where the iris joins the white of the eyeball, or the sclera, as it is called, corresponds in the body to the cutaneous surface or skin. If the skin is normal, healthy, or active, the rim of the iris shows no abnormal discoloration. If, however, the skin is weak, enervated, atonic, or in an anæmic and atrophic condition, there appears in the skin area of the iris a dark discoloration, which is called a scurf rim (from the Greek term " scorbutus," meaning scurvy). This scurf rim is found usually in cases of hereditary encumbrances, or where there is a history of hot bathing, or the use of too warm or heavy clothing. It also appears after the suppression of skin diseases and eczematous eruptions on the heads and bodies of infants and children. Sometimes this dark ring is complete all around the iris, but occasionally it appears in certain portions or segments of it.

When the scurf rim is especially heavy in the brain region it denotes a brain encumbrance, and the patient will have one or more of the following symptoms:—

1. Inability to concentrate.
2. Dullness.
3. Headache.
4. Dandruff.
5. Pediculosis capitus (head lice). These parasites are Nature's scavengers. A comb and cold water should only be used. They disappear when the body becomes internally purified.

An elevation of the scurf rim in the liver and spleen regions indicates the suppression of eczematous diseases. A dark spot on the scurf rim in the foot region indicates an encumbrance in the foot, such as could be brought on through the suppression of an excessive foot perspiration. In these cases you will nearly always find an associated kidney lesion. A dark spot on the scurf rim in the area of the rectal or genital organs indicates the suppression of catarrhal discharges from these organs.

Nature sometimes causes a recurrence during a cleansing crisis period. Often the balance centre shows a discoloration indicative of head treatment upsetting mental equilibrium and causing tiredness.

PSORA OR ITCH SPOTS

In civilised countries, especially those where the suppression of scabies and other itchy skin eruptions is extensively practised, about 65 per cent. of all eyes show in the iris sharply defined dark or muddy brown superficial spots ranging in size from that of a pinhead to that of a buckshot. These spots iridologists designate as itch or psora spots, because they appear after the suppression of itchy eruptions and of psoric parasites. The presence of these spots in the iris is also indicative of a tubercular or malignant diathesis (tendency).

It has been observed in many instances that suppression of psoric eruptions resulted in the formation or enlargement of the scurf rim, as well as in the appearance of the itch or psora spots. This is probably due to the weakening of the skin by suppressive agents, such as mercurial, sulphur, or other poisonous salves and ointments.

The word " Psora " was adopted by Hahnemann, the father of Homeopathy, from a Greek word signifying itching, and he applied the name to certain skin diseases which are characterised by intolerable itching. These morbid encumbrances have no special affinity for any organ or part of the body, and psora spots are therefore found anywhere in the iris, for as with other poisonous substances, psora also develops in any organ or part of weakened resistance or lowered vitality.

Psoric spots are often found in patients who give a history of Pediculosis capitus (head lice). These patients will tell you of having developed headaches shortly after the little scavengers have been disposed of by repeated coal-tar product shampoos or mercurial ointments. Quite a few cases of petit mal, and even grand mal (epilepsy) have been traced directly to just such successful suppression of pediculosis, which is in reality only a form of vicarious elimination. These parasites live and multiply only on filth accumulated in the body through faulty elimination and neglected hygiene. Retention of such putrid tissue in any organ sets up a chronic irritation, and may in time lead to the development of malignancy, especially in cancerous soil.

Psora is generally eliminated through scrofulous skin eruptions, boils and carbuncles, and is Nature's effort to assist the body toward a cure.

CLOSED, OPEN AND HEREDITARY LESIONS

Closed Lesion.

Kritzer describes closed lesions as any spot in the iris indicating a toxic condition of any organ formed by an inflammatory exudate which surrounds the affected part, thus inhibiting its spreading into adjacent structures. This condition is accurately reproduced in the iris by a white border encapsulating, or surrounding, a dark spot or sign, and this white border is usually ovoid, or spindle-shaped. The same sign can be observed in cases of healed injuries, and in cases where diseases in their chronic or destructive stages have been arrested and cured by Nature Cure methods.

Open Lesion.

In an open lesion the spot or sign is only partially surrounded by white, or sometimes it is not surrounded at all. The total absence of the white circle is usually seen in patients of low vitality, where the disease or lesion is progressive.

Closed lesions are therefore less harmful than open lesions, but, nevertheless, they denote a latent encumbrance which may become active at any time, particularly so when the vitality is very low.

Hereditary Lesion.

An hereditary or congenital lesion is any spot, sign, or other abnormal discoloration in the eyes of the new-born. This lesion may be entirely surrounded by a border of white, and when so, it is spoken of being a CLOSED HEREDITARY LESION, or it may be only partially surrounded by a white border, or even not surrounded at all, and is thus spoken of as an open hereditary lesion. A closed hereditary lesion denotes latent morbid encumbrances, and the organs in which they are found should receive special attention, especially during healing crises, for during these periods these latent encumbrances may develop into open hereditary lesions, and may be kindled into activity by Nature in her endeavour to rid the organism of impurities.

THE USE OF MEDICINES

Medical men have long attempted to segregate the various chemical processes of the body, and to find accelerators or retardants for the individual chemical processes performed by the major organs and glandular structures. Partly scientifically, but largely empirically, many medicinal or chemical agents have been worked out which are thought to more or less perfectly serve these purposes when applied to one or other of the many chemical processes involved.

Up until the days of modern medicine all manner of queer concoctions were prescribed, on the supposition that they would, by some miraculous but certainly unknown method, perform the hoped-for cure. Modern medicine has been built upon the supposed specific action of the particular ingredient in the acceleration or retardation of a particular chemical process to influence the faulty chemical action, and thus restore the body to normal.

A large and varying amount of useful information has come from this widely popular method of treating disease, but yet, even to-day, medical results are still very much a matter of speculation.

Unfortunately, most medical effort has been devoted to an attempt to correct a faulty chemical process that was in itself caused by some more distant, and less understood, cause. The great strides made in modern therapeutics have

been in the direction of getting behind these heretofore hidden causes by a fuller realisation of the basic elements of which life and health are the expression. In the words of the world-famous late Dr. Henry Lindlahr, of Chicago: "We are now pulling disease out by its roots."

Even to-day, however, drugs used to correct the chemistry of individual processes in the body occupy a large place in the practice of medicine, although it is now almost universally agreed that whatever is put into the system with the exception of wholesome food, regardless of its beneficial effects upon a given process, taxes the bodily activities out of proportion to the good it renders, and almost invariably adds a destructive burden to the work of the eliminative organs.

DRUGS

The most important, and the more common, sources from which we acquire foreign substances, which accumulate in the fluids and tissues of the body, are de-natured foods, cosmetics, chemicals handled in the arts and industries, patent medicines, and drugs. The drug signs, which show in the iris, indicate the amounts or quantities of the drugs which the system has failed to eliminate, and not always the quantities of the drugs used.

Only after sufficient time has elapsed for the drug to accumulate in some part of the body does the sign appear in the corresponding part of the iris. The signs of iron, quinine, and coal-tar products have been noticed two months after their administration, but the metallic poisons, such as mercury and lead, usually take a year or more before they can be demonstrated in the iris.

MERCURY OR HYDRARGYRUM—QUICKSILVER (HG)

A white, heavy liquid metal. In the blue eye mercury or quicksilver shows as a whitish, or silvery, grey circular line of a metallic lustre in the circulatory area of the brain region. In the brown eye it shows slightly more bluish, or even greenish. When mercury is taken with potassium iodide (KI) it may show in the entire circulatory area much like a sodium ring.

This latter sign should not be confused with the "Arcus Senilis," which is really an opacity of the periphery of the cornea found in the irides of the aged.

Medical Uses.

1. *Lues* and chronic internal inflammations.
2. *Purgative* in the form of calomel.
3. *Antiseptic* dressing for wounds and ulcers.
4. *Locally* as an astringent.
5. *Irrigation* of any body cavity, such as the vagina, uterus, bladder, or throat.
6. *Externally* for pediculosis, and as mercurial inunction against ringworm and other parasitic skin diseases.

Accidental Absorption.

Amalgam tooth fillings may cause chronic mercurial poisoning by virtue of the fact that the mercury comes in contact with the salt contained in the food, thus forming bichloride of mercury ($HgCl_2$).

Workmen handling mercury in mines and in the manufacture of mirrors, thermometers, mercury arc lamps, manometers, and other scientific instruments. Also from the use of blue ointment or blue pills.

Symptoms of Mercurial Poisoning.

1. Mercurial stomatitis.
2. Profuse and sticky saliva of a distinct metallic taste.
3. Foul breath.
4. Ulcerated and sore gums, swollen tongue.
5. Hutchinson's teeth—(peg-shaped incisor teeth notched on the cutting edge, found also in cases of congenital syphilis).
6. Progressively, the patient may have necrosis of the jaw.
7. Dyspepsia.
8. Diarrhœa, alternating with stubborn constipation
9. Stool may contain sulphate of mercury ($HgSo_4$).
10. Mercurial eczema.
11. Ulceration of mucous membranes and skin.
12. Softening and pains in the bones.
13. Peripheral neuritis or anæsthetic patches.
14. Impaired reflexes, followed by various forms of paralysis, such as locomotor ataxia, paralysis agitans, or paresis. Usually after several years. (Lesion in ataxia area.)

15. Anæmia caused by the destruction of erythrocytes.
16. Itching of the anus and rectus.

Eliminated under natural treatment by skin eruptions, such as carbuncles, furuncles, ulcers, abscesses, open sores, and hæmorrhoidal discharges, and as nose bleeds. Also by excessive salivation. Hence one of our sayings: "A person may become physically and mentally disturbed before becoming well."

IODINE

(A poisonous, non-metallic element with a metallic lustre, found mainly in ashes of seaweeds.)

Iodine has for years been widely employed as a first-aid prophylactic and a general antiseptic, despite the fact that it irritates, burns, and frequently causes serious injury to body tissues. It, however, has the advantageous features that its stain shows just how effectively it is applied, and also prevents its being washed away, or rather fixes it in the field to be sterilised or made aseptic. It is also presumed that the stain provides for more than a superficial penetration into body tissues. No other poisonous drug shows more plainly in the iris, but the signs differ according to the mode of absorption.

Internally.—Shows as bright red, reddish brown, or even orange coloured spots or blotches. Sometimes these spots are surrounded by white borders, indicating that the poison is causing irritation and inflammation, or that it is in process of elimination.

Externally.—The drug shows as an orange or pinkish hue, and appears in the form of streaks or sometimes as pinkish or reddish clouds.

The signs of iodine are a brighter red, and are more diffuse than itch or psora spots. Usually the history of the patient will be sufficient to enable the physician to differentiate the signs. Iodine does not appear to have any special affinity for any particular part of the body as other drugs have, and we find the drug showing up in all parts of the iris, but more frequently in the areas of the liver, kidneys, gastro-intestinal tract, lungs, pancreas, and brain.

Allopathic Uses.

1. *Antiseptic* dressing for wounds.
2. *Stimulant* and disinfectant for foul ulcers.
3. *Injected* into cysts, goitres, hydroceles.
4. *Counter Irritant* in chronic inflammation of joints. periosteum, pleura, tubercular lymph nodes, and lungs.
5. *Metabolic Stimulant* for disintegrating and eliminating drugs such as mercury, plumbum, etc., which have combined with the albuminous constituents of the body.
6. *Stimulating Expectorant* in bronchial catarrh and pneumonia, especially if consolidation is troublesome.
7. *Antispasmodic,* in asthma and emphysema.
8. *Antigalactagogue.*
9. *Aneurisms* in the form of potassium iodide. Potassium lowers blood pressure, while iodine stimulates metabolism and shrinks or coagulates the tissues.
10. Used in *Tertiary Syphilis.* It either causes the elimination of the Spirocheta Pallida or it hastens the life and disappearance of the small celled growth, which is typical of tertiary syphilis.

Symptoms of Iodism.

1. Inflamed gums, palates, and fauces. In fact, the entire throat, from the mouth to the pharynx.
2. Coryza, with bursting pain over the frontal sinuses.
3. Cough, and frothy expectoration.
4. Abdominal pain, nausea, diarrhœa.
5. Glandular atrophy, especially testis, ovaries, and mammæ.
6. Anæmia, emaciation, and general debility.
7. Neuralgia, disturbed intellection with ophthalmia, salivation, vomiting, polyuria, and cutaneous eruptions.

Signs of Elimination of Iodine.

1. Catarrhal discharge from the nose and throat.
2. Intense headaches.
3. Swelling and redness of gums and hard and soft palates.
4. Foulness of tongue.
5. Excessive salivation.

6. Papulæ.
7. Acneform, vesicular and pustular skin eruptions.
8. Open sores and hæmorrhoidal discharges. Lindlahr gives details of a case of multiple neuritis and chronic severe headache, caused by drinking iodine accidentally.

LEAD OR PLUMBUM (PB)

A soft, bluish white metal found chiefly in galena and other ores. This drug shows in the iris in the form of a lead blue, or bluish grey, perfect circular discoloration in the region of the stomach and intestines, showing that the drug has an affinity for these organs. It also affects the nerves in the upper region of the spinal cord, causing the symptoms of wrist drop and paralysis agitans. In severe cases the drug is also found in the regions of the liver, kidneys, lungs, and brain, often causing lead encephalitis.

Allopathic Uses.

1. Externally as an *Astringent* and *Sedative* in bruises, itches, ulcers, and inflamed surfaces.
2. As *Injections* against chronic inflammatory discharges from vagina, urethra, and ears.
3. In *Sprains,* as lead, water, and opium.
4. As a *Hemostat,* for internal hæmorrhage.
5. As a *Powerful Ecbolic.*

Accidental Poisoning.

Workmen handling lead in the manufacture and handling of type, paint, tinfoil, etc. From lead water pipes, steel works, wagon works, face powders, various cosmetics, glassware, and lead-coated pottery.

Symptoms of Plumbism (*Saturnism*).

1. Blue line along edge of gums.
2. Malnutrition.
3. Profound anæmia owing to the destruction of erythrocytes,
4. Lead colic.
5. Neuromuscular pain and rigidity.
6. Lead palsy.
7. Wrist and ankle drop.

8. Paralysis agitans.
9. Retinitis, which is usually secondary to arteriosclerosis and interstitial nephritis.
10. Vertigo and delirium.
11. Icterus saturious.

Eliminated in Healing Crisis by—

1. Severe gastritis.
2. Hæmorrhages from stomach.
3. Hæmorrhoidal discharges.
4. Skin eruptions.
5. Sores in the mouth.
6. Bleeding gums and severe nervous symptoms.

QUININE

Quinine is the most important of the alkaloids derived from cinchona, and occurs as a white, flaky, odourless, bitter powder which is very slightly soluble in water. The uncombined alkaloid is seldom employed, its more soluble salts being used instead.

Sign.—Shows as a yellowish, cloudy discoloration, sometimes greenish, and sometimes approaching a hue of reddish brown, according to the chemical combinations which it has entered into. Small quantities produce a yellowish discoloration of the sympathetic wreath only.

Affinity.—Quinine has a peculiar affinity for the brain, eyes, ears, stomach, and bowels, and in old malarial cases it shows also in the regions of the liver and spleen. It is this drug which gives the blue-eyed individual the characteristic green eye, making it resemble a cat's eye.

Allopathic Uses.

1. Appetizer and bitter tonic during convalescence and in cases of general debility while taking depressing remedies like mercury, lead, etc.
2. Used as an antipyretic against all febrile diseases, especially malaria, and all conditions resulting from the same.
3. Against splenic leukemia.
4. Local anæsthetic, together with urea hydrochloride, for minor surgical operations.
5. Rectal injections against amœbic dysentery.

6. Against painful nervous conditions.
7. Menstrual stimulant.

Accidental Poisoning.

Hair tonics, patent remedies, cold cures. such as Bromo-quinine, etc.

Symptoms.

Digestion is impaired, and the patient has a gastric catarrh when the drug is taken in small doses. When taken in large doses, quinine irritates the mucous membrane and causes vomiting and diarrhœa, followed by chronic constipation. It may also cause renal irritation, which is oft-times accompanied by hæmoglobinuria.

Nutrition is stimulated, and the excretion of waste products increased, by small doses. Large doses, however, diminish the amount of urea, uric, and phosphoric acids in the urine, thus interfering with elimination.

In the Blood quinine interferes with the oxygen carrying function of the red blood cells, and diminishes their number.

Circulation.—Quinine taken in small doses will increase the cardiac functions, but when taken in large doses it will inhibit the cardiac motor ganglia of nerves and depress the heart, sometimes causing it to intermit, and finally arrest it in diastole, thus causing death.

Temperature.—In fevers a rapid decline of temperature takes place, due to the depressive action of the drug on the heart, and general circulation.

Nervous System.—Small doses of quinine will stimulate the cerebral functions. Large doses will cause chronic quinine poisoning or *Cinchonism,* symptoms of which are giddiness, tinnitus aurum (ringing noises in the ears), with impairment of hearing and vision. Sometimes these patients also suffer from daltonism, which means colour-blindness. A case that came under the observation of the author showed this symptom very plainly. The patient, who was an elderly lady, had taken large quantities of quinine when she was a child, as she was then living in a malarial district. Upon being questioned as to her ability to distinguish colours, she told the author how, only a few days before consulting him, she had bought what was apparently a brown coat for her daughter,

and on taking it home, she was quite surprised when her daughter told her it was a green coat.

Coma.—Quinine taken in toxic doses causes coma, weak pulse, and sometimes convulsions. It has caused, in some cases I have observed and had under treatment, insanity, loss of memory, and morbid depression.

Skin.—Quinine taken in large doses causes cutaneous eruptions, such as erythema, urticaria, or herpes.

Eliminated.—Quinine is eliminated through the skin, causing itchy eruptions resembling scarlatina or measles. Also through the kidneys as an amorphous alkaloid, and through acute catarrhal purging and hæmorrhoidal discharges. Frequently the taste of quinine comes back during its elimination.

BROMIDES

Bromine is a non-metallic, reddish, volatile, liquid element which unites with hydrogen to form hydrobromic acid, and this unites with many metals to form bromides. Bromides are therefore compounds formed by the replacement of the hydrogen in hydrobromic acid by a metal, or an organic radical. The bromides official in the United States Pharmacopœia are of ammonium, calcium, hyoscine, lithium, potassium, quinine, sodium, strontium, and zinc.

Bromides show in the iris as a whitish or yellowish white crescent in the upper regions, indicating that the drug exhibits a special affinity for the brain and sympathetic nervous system. Anæmia must be differentiated, which shows up as a bluish crescent.

The most common salts of bromide are *Potassium Bromide* (KBr), *Ammonium Bromide* (NH_4Br), and *Sodium Bromide* (NaBr), all of which act as depressants and narcots, particularly to the brain and nervous system. They are also powerful depressants on the heart, and also sex organs, often causing impotency. The salts of bromine, in addition to serving as pain killers and sleep producers, are specifics for epilepsy.

Medical Uses.

Externally, elementary bromine is used as an escharotic Internally, bromides are used as sedatives in cases of acute alcoholism, and as hypnotics and antispasmodics in acute

fevers. Also in cases of mania, hysteria, infantile convulsions, whooping cough, sexual over-excitement, hypochondriases, gastro-intestinal disorders of reflex origin and epilepsy.

Symptoms of Bromism.

Bromides cause catarrhal conditions of the upper respiratory tract, increased salivation, headache, dizziness, melancholia, impotence, bromacne, neuro-muscular weakness, premature senility, paralysis, insanity, cardiac depression, foul breath, and anæmia.

Eliminated.

Bromides are eliminated mainly by the kidneys in the form of increased urination and by skin eruptions. They may also cause mucoid accumulations in the mouth and acute catarrhal elimination from various mucous membranes. The patient may also complain of diarrhœa, nose bleeds, and abnormal perspiration.

ARSENIC

The element arsenic is a steel-grey metal (symbol As), which forms a number of poisonous compounds.

In the early stages arsenic shows as greyish-white, veil-like specks over the region of the gastro-intestinal canal or respiratory tract, according to the portal of entrance. Later, arsenic shows in the outer half of the iris as greyish-white flakes, resembling snowflakes. These flakes may appear singly or they may appear in irregular groups in the circulatory area.

Allopathic Uses.

1. Externally, arsenic is used as a caustic (with iodine) against lupus, keratosis, and new growths of the skin.
2. Internally, arsenic is used against chronic skin eruptions (with sulphur).
3. As a specific for lues in the form of Salvarsan (606), Neosalvarsan (914), and sodium-cacodylate.
4. Hay fever and asthma. Also used as a tonic with iron for leukemia, pernicious anæmia, and secondary anæmia resulting from tuberculosis, gout, malaria, rheumatism, etc. As a general tonic and alterative in all cases of perverted metabolism and dis. sclerosis.

Accidental Poisoning.

Paris Green, Naphthaline, and other insect and vermin exterminators. Cloth dyes. Wool is treated with arsenic during its manufacture for preservative purposes. Arsenic can be absorbed from glazed and ordinary wallpapers. Taxidermists and furriers are prone to arsenical poisoning.

The drug may be absorbed from sprays used against parasites and insects on vegetables and trees, and it may also be absorbed from various cosmetics or beautifying creams. "Cancer cures" and condition powders may also cause arsenical poisoning.

Symptoms of Arsenical Poisoning (Arseniasis).

1. Progressive muscular atrophy.
2. Neuralgia.
3. Peripheral neuritis.
4. Catarrhal discharges from all mucous surfaces.
5. Numbness and tingling in the extremities.
6. Waxy complexion.
7. Loose brittle hairs and nails.
8. Arsenical eczema.
9. Photophobia.
10. Lachrymation.
11. Cold tingling sensation in back.

Elimination.

Arsenic is eliminated during healing crisis by excessive activity of the kidneys, bowels and liver. It may also cause catarrhal discharges from all mucous surfaces. The patient may shed the hair, and there may be various skin eruptions, such as boils, carbuncles, running sores, and even dandruff may be present.

PHOSPHORUS (SYMBOL—P)

Apparently a non-metallic chemical element occurring extensively in nature, but always in combination and in many animal tissues.

Phosphorus shows as whitish, greyish, and faded yellow flakes and clouds in the gastro-intestinal tract, brain, limbs, diaphragm and heart. It may appear as a light amber colour in brown eyes.

Allopathic Uses.

As an alternative in osteo-malacia, rickets, neurosis, and in ununited fractures.

Phosphorus is used in nervous disorders like neurasthenia, neuralgia, mania, melancholia, sexual exhaustion, or impotency. When used for the latter, the patient eventually suffers from permanent ill-effects, because of the fact that any reflex when over-stimulated becomes exhausted.

The drug is also used in some cases of chronic lung trouble, and in skin diseases such as lupus, psoriasis, etc. Phosphorus is exceedingly poisonous, causing intense inflammation and fatty degeneration.

Accidental Poisoning.

Workmen handling white phosphorus. Vermin exterminators. Manufacture of matches. Inhalation of the fumes by workers in phosphorus may cause necrosis of the jaw (phossy jaw).

Symptoms of Phosphoric Poisoning or Lucifer Disease.

1. Ulceration of gums and necrosis of jaw, commencing as *Caries*.
2. General weakness due to fatty degeneration of all tissues.
3. Hectic fever, anæmia, and purpura.
4. Gastro-intestinal irritations; tenderness over the liver, gall bladder, and right ribs.
5. Various forms of paralysis.
6. Death from general nerve exhaustion.

Eliminated.

Phosphorus is chiefly eliminated as follows:—

1. Deep ulcers—chiefly in the mouth.
2. Itchy eruptions of the skin.
3. Hæmorrhagic form of jaundice, resembling scurvy.
4. Diarrhœa and irritation of the intestinal tract.

ALUMINIUM

I find it causes sickness and curious stomach symptoms, plus itching skin. Shows as blue-grey spots in circulatory area.

SODIUM (NA)

Sodium is a silvery white lustrous alkali metal, the salts of which are extensively employed in medicine as well as in the arts. The metal itself is official in the British Pharmacopœia, but only its salts in the United States Pharmacopœia.

The sodium ring is found in the irides of persons who use sodium and other inorganic salts in large amounts. These deposit round the walls of the blood vessels AND FORM IN THE IRIS A BROAD WHITISH RING, THE SO-CALLED SODIUM RING OF A SLIGHTLY METALLIC LUSTRE IN THE AREA OF THE CIRCULATORY SYSTEM OR LYMPHATIC SYSTEM. Often it is greyish white in colour, seen in the brown eye.

This ring may entirely surround the iris, or it may be found only in parts, depending upon:—

1. The quantities of the inorganic salts not eliminated.
2. The powers of elimination of the person concerned.
3. The part of the circulatory system that is considered the weakest.

When a sodium ring is seen in the iris it may indicate any of the following:—

1. That the patient has had rheumatism and has been treated with sodium salicylates. Sodium helps to cause valvular lesions. The salicylates often produce symptoms similar to quinine.
2. That the patient may have been suffering from an acidity of the stomach for which bi-carbonate of soda has been taken.
3. That the patient may have consumed large quantities of baking soda in the food taken, such as would be found in soda crackers, cakes, and bread, or he may have used common table salt heavily.
4. That he may have been subject to the habitual use of saline cathartics or mercurial salts.

Salt is a marked dehydrant, and because of this fact it withdraws the juices from muscle fibres and hardens them. Bearing this fact in mind, it will be quite obvious to the reader why the excessive consumption of the sodium salts are causative factors in arterio-sclerosis and other diseases of the circulatory system.

The over-seasoning of food with common table salt may temporarily stimulate the perverted taste-buds. The proportions of salt, however, and other condiments have to be gradually increased because of their deteriorating effect upon the taste-buds provided by Nature as a protection against consuming unwholesome food.

The elimination of salts from the body is comparatively easy, and depends upon:—

1. The absolute elimination of all salts from the diet or for medicinal purposes.
2. The increased consumption of the green, leafy vegetables and fresh fruits which are rich in the acid-neutralising and organic mineral elements.
3. Stimulation of all the eliminative functions by natural drugless treatment.

SULPHUR (S)

Brimstone is an element which occurs in a native state in volcanic countries, and is of a bright yellow colour. It occurs as a crystalline solid or as an amorphous powder, and combines with oxygen to form sulphur and sulphuric acids, and with many of the metals and non-metallic elements to form sulphides.

When taken in the inorganic form, this drug shows in the iris in the area of the stomach and intestines AS A YELLOW OR DARK BROWN, SULPHUR-LIKE COLOUR. Its first effect is to stimulate these organs, but this is soon followed by a sluggish, atrophic condition. Whenever the sulphur sign is seen in the iris, the sympathetic wreath will also usually be seen in a distended, irregular condition which also indicates a sluggish condition of the intestinal tract. At times, when the iris is discoloured with both quinine and sulphur, it may be difficult to distinguish one drug from the other; in such cases the dark brown sulphur shade neutralises the yellowish-green shade of quinine.

Allopathic or Medicinal Uses.

Sulphur is used as a laxative, in tonics, and in various skin diseases, and is also a common home remedy in the form of sulphur and molasses. In most of the lumber camps of Canada, sulphur ointment is used for treating scabies, which is very prevalent among the lumbermen. The fumes of

burning sulphur were formally used extensively in the disinfection of rooms after being occupied by a patient with a contagious disease. It is used in sulphur baths and the curing of some fruits.

It is interesting to note that in homeopathic practice the trituration of sublimed sulphur with sugar of milk, which is employed as an anti-psoric remedy, does not show in the iris because of the fact that the highly potentised sulphur is so refined that it is no longer inorganic, but is really in the organic state.

Eliminated.

Under strictly natural treatment, sulphur may be eliminated in the form of severe diarrhœa, the fæces having the characteristic sulphur-like odour. It may also be eliminated through the skin, and in the form of dandruff.

STRYCHNINE

Strychnine is an alkaloid from nux vomica, and occurs as colourless crystals of a white crystalline powder, which is odourless, but of an intensely bitter taste.

STRYCHNINE SHOWS AS A WHITE WHEEL-LIKE CIRCLE OF FILIFORM OR PERFECT PROPORTION AROUND THE PUPIL IN THE REGION OF THE STOMACH, indicating that the drug has a special affinity for this organ. On close inspection, lines or spokes are seen radiating from the pupil.

The drug is used as a cardiac and general tonic; a nervine and as a stomachic in the form of *Nux vomica.*

Symptoms of Acute Strychnine Poisoning.

There may be cardiac weakness with low blood pressure. The stomach may be in an atonic or atrophic condition, with a spastic concentration in the pit. The patient may suffer from hypo-acidity, indigestion, and fermentation, with the resulting gas formation. Like all powerful stimulants, the first tonic effects of the drug on the digestive organs and the heart are followed gradually by weakness and progressive atrophy and paralysis. There may also be a false desire for food, malassimilation, constipation, anæmia, and emaciation. Strychnine may also do great injury in sex debility by irritating and exhausting the already irritated erection and

ejaculation centres, these centres being located in the sacral lumbar spine.

Eliminated.

Strychnine is eliminated and accompanied by pains in the back, cold perspiration on the forehead and chest, and the vomiting of blood and sour bitter mucus.

66. COAL-TAR PRODUCTS.

Acetanilid, creosote, antipyrin, phenacetin, antikamnia, hair remedies and greases, etc.

These drugs show in the upper part of the iris as a greyish veil, but not as a perfect crescent, like bromides.

Antikamnia
Aspirin
Saccharin

These coal-tar products show in the iris as a typical greyish-white veil. Among the coal-tar products are classed most of the anodines and analgesics, as well as various antipyretics.

Antipyrin
Phenacetin
Antifebrin

Produce a pigmentation ranging in colour from grey to light yellow, and this discoloration proceeds from the sympathetic wreath outwards.

Accidental Absorption of coal-tar products may occur through the use of home remedies, such as lysol, vaseline, oil of wintergreen, cinnamon oil, benzol, alcohol, naphthol, salicylic acid, etc. They can also be absorbed from the colouring matter used in the manufacturing of confections and from most canned foods, all of which are preserved with coal-tar derivatives.

Coal-tar Products must be differentiated from bromides which show up as a whitish or yellowish-white crescent in the brain area. Coal-tar products cause headaches and nervous conditions.

CREOSOTE

This drug, which was formerly used extensively as a germ-killer in cases of tuberculosis and other diseases, produces a fine greyish or ashen grey veil over the entire iris, commencing at the part corresponding to the stomach and spreading to the skin area, indicating it as a producer of acidosis. When extensively used, it shows up as sparkling white spots in the stomach and intestinal area.

Allopathic Uses.

1. It is frequently used as an ecbolic, and also as a hæmostat to stop hæmorrhage and to contract and seal lacerated tissues and blood vessels.

The drug is a vasomotor stimulant, because of its effect upon the muscular coat of the arteries, and it causes contraction of the involuntary muscles. It has a specific weakening effect upon the muscles of the heart and stomach, and may cause gangrene of the fingers and toes.

GLYCERINE

A sweet, oily fluid obtained by the saponification of fats and fixed oils; employed as a solvent and as an application to roughened and chapped hands. It is also used by injection or in the form of suppository for constipation.

Glycerine shows as large white spots or clouds in the areas of skin, kidneys and lungs.

OPIUM

The inspissated juice from the unripe capsules of a species of poppy.

Opium shows in the iris as pure white straight lines radiating in the form of a star from the pupil or the sympathetic wreath outward, especially to the upper part of the iris. These lines of opium are not in any way superficial, always seeming to be deeply seated. They gradually become darker if not eliminated.

Allopathic Uses.

Opium acts first as a stimulant, and later as a sedative. It is used as an anodyne hypnotic, analgesic, and diaphoretic. The poison has a special affinity for the stomach, bowels, and sympathetic nervous system.

LAUDANUM

This drug shows in the iris in a similar manner to opium. It is a tincture of opium which contains 44 grains of opium to the ounce.

PAREGORIC

Paregoric also shows in the iris similar to opium. The drug is a mixture of opium, camphor, glycerine, aniseed, benzoic acid, and alcohol. There are 2 grains of opium to every ounce of paregoric.

MORPHINE

Morphine, from Latin *Morpheus,* the God of dreams or of sleep.

Morphine is the principal alkaloid of opium, and its action is similar to that of the mother drug. Its sign, however, differs from that of opium in that it appears in the iris as fine white lines which are very superficial and radiate from the pupil outwards, especially to the brain areas, later becoming dark if not eliminated.

COCAINE

Cocaine is an alkaloid derived from coca, which occur in large colourless crystals very slightly soluble in water.

The sign of cocaine is very similar to that of morphine. The only way to differentiate it is by studying the objective and subjective symptoms of the patient. Cocaine is used to produce local anæsthesia and anæmia by paralysing the sensory nerves and contracting the blood vessels. It is also used as an anodyne and sedative. All of these agents reduce pain and produce sleep because they are poisonous paralysers. They do not contribute in the least way to removing the cause of the pains and insomnia. They merely benumb and paralyse the brain and spinal centres of perception and sensation.

SALICYLIC ACID

Derived from salicin; a glucoside obtained from the bark of several species of willow and poplar. It occurs as a white crystalline powder of bitter taste, soluble in twenty-one parts of water.

Salicylic acid in the iris shows as a whitish grey cloud or veil spreading unevenly over the outer margin of the iris, but being more pronounced in the upper part. It resembles very closely a whitewash, and if abundant, tends to efface the peripheral border of the iris. It is frequently associated

with the sodium ring. The drug has a special affinity for the gastro-intestinal tract, which it leaves in an atrophic condition, resulting in malassimilation, malnutrition, and defective elimination. These conditions show in the iris by a browning and gradual darkening of the areas of the stomach and intestines.

Allopathic Uses.

1. Antiseptic in surgical dressings, ointments.
2. For excessive perspiration and night sweats.
3. Gastric and intestinal fermentation and decomposition.
4. As an antipyretic.
5. Chronic cystitis when associated with foul urine and phosphatic deposits.
6. Specific against acute inflammatory rheumatism in the form of sodium salicylate or salicylate of lithium, but lately administered hypodermically so as to avoid gastro-intestinal irritation.
7. Used to preserve food substances.

Symptoms.

In addition to the symptoms produced by other coal-tar products, salicylic acid also gives rise to:—

1. Dullness of hearing and dimness of vision, ringing noises in the ears, pressure on top of head.
2. Nausea.
3. Diarrhœa alternating with stubborn constipation.

Eliminated.

Salicylic acid is eliminated during crisis by:—

1. Severe indigestion with cramps in stomach and bowels.
2. Nausea and vomiting.
3. Acne-form and pustular skin eruptions.
4. Acute catarrhal elimination and inflammation of the mucous membranes, especially of the nose and throat.

FERRUM OR IRON (FE)

Iron shows as a rusty brown discoloration of the entire gastro-intestinal tract, or rust-brown spots.

Medical Uses.

1. Externally, the drug is occasionally used on mucous membranes and broken skin as an astringent against diffuse hæmorrhages, catarrhal discharges, and other inflammatory exudates.

2. Internally, the non-astringent preparations are used as hæmatinics, together with such drugs as influence the diseased conditions on which the anæmia or malnutrition depend, for instance:—

1. Iron arsenate in chronic skin affections, particularly lupus, psoriasis, eczema, and syphilitic lesions.
2. Iron sulphate in chronic diarrhœa, dysentery, and passive hæmorrhages.
3. Iron bromide or iodide as a tonic-alternative in amenorrhœa and chlorosis in young women.
4. Iron-glycerophosphate and iron of manganese during convalescence and in asthenic nervous conditions and rickets.
5. Iron-valerianate in hysterical complaints, especially when complicated with chlorosis.
6. Iron, quinine and strychnine as a general tonic.
7. As an antidote in acute arsenical poisoning, repeatedly administered in the form of dialysed iron.

Symptoms of Ferrum Poisoning.

1. Dyspepsia; occasionally discoloration of the teeth.
2. Stubborn constipation.
3. Abdominal pain.

VACCINE VIRUS

Vaccine virus shows as a black or muddy brown spot, which is distinctly superficial, like a speck of dirt. This spot is always surrounded by white, indicating that the virus, wherever it is in the body, is causing irritation and has an inflammatory area round it. Vaccine virus has also a tendency to darken the entire iris, and it may cause white lines to appear in the areas of the liver, spleen, and bladder, showing that these organs are endeavouring to throw off the morbid encumbrance.

The vaccine virus spot must be differentiated from the itch or psora spot, which is not surrounded by white.

RADII PUPILLARIS MINORES OR RADII SOLARIS

These signs are straight brown or black lines, tapering to a fine point, and radiating in the form of a star from the sympathetic wreath, or pupillary zone, to the other margin of the iris. They are found most frequently in brown eyes.

The exact significance of these signs is as yet not well understood, although some authorities are of the opinion that they are caused through gastro-intestinal disturbances. However, they are of doubtful diagnostic importance, and must not be mistaken for lesions, although they may be associated with mental and emotional strain in elderly people.

HEMIPLEGIA

The sign of Hemiplegia (a one-sided paralysis) is always seen in the opposite iris, contrary to all other records which show in the corresponding iris of the affected side. The lesion is always demonstrable in the corresponding brain centre, because the controlling centre of the eye reflexes is not involved in a hemiplegia.

NICOTINE

Nicotine has a similar effect upon the colour of the iris as has vaccine virus, in so far as it causes the iris to assume a dark, smoky appearance. In examining the irides of heavy smokers there is also usually found a number of nerve rings, owing to the irritation of the motor nervous system, and some abnormality of the sympathetic wreath in the heart region corresponding to the functional heart disturbance of the tobacco smoker. With heavy smokers Kritzer says that there is profuse perspiration.

BISMUTH

A dark steel-grey irregular circle in the digestive tract of the iris shows that bismuth has been taken. Ulcers show up in this area as minute black spots, whereas tubercular areas show up the same except that they are smaller spots. The pancreas area, which is next to the duodenum in the chart, may also reveal these spots in disease. When bismuth has been taken, these spots may appear as dark blue.

Bismuth is used in different preparations for indigestion and painful conditions of the stomach or bowels. It has a sedative action in cases of vomiting or diarrhœa.

The carbonate and oxychloride are used as an aid to X-ray diagnosis.

Bismuth preparations are used externally as dusting powders or as cosmetics, and also used in the treatment of syphilis. It affects the nerves of the upper region of the spinal cord, and we find it often associated with neuritis and kidney complaints. It is eliminated in a similar way to lead.

THE BODY AS A WONDERFUL LABORATORY

It has long been realised that the human body is in reality an exceedingly complex chemical laboratory. With the scientific developments in modern chemistry it has become evident that the chemical functions performed in this great laboratory are marvellously intricate and varied in nature.

The food we eat, plus the water and oxygen we consume, are the chemical agents utilised as raw materials by this laboratory. These agents are converted with the various gross and specialised tissues as needed. Complex chemical reactions take place constantly day and night. Therefore it is obvious that what we eat has a vital bearing upon what we are.

The chemical functions of the body, however, are performed not alone in the stomach, intestines, and other organs of the alimentary system, as the endocrines or ductless glands play also a very important part. The building of a new cell, or the destruction of an old one, is a complex chemical process called metabolism. This process of building up and breaking down proceeds constantly from conception until death; and if uninterrupted would predicate the eterna life of the cell were not the process subject to degenerative influences, until finally the curtain is drawn in the cataclasm called death.

FAULTY METABOLISM OR ACIDOSIS

In individuals whose metabolism is markedly disturbed, and as a result of which there is excessive accumulation of acids in their systems, there will usually be seen in the irides a superficial milky-white or chalk-like deposit which some-

times causes the colour to be mistaken for azure blue. This discoloration usually covers the entire surface of the iris in cases of extreme hyperacidity, while in milder cases there are whitish spots covering the parts of the iris, which correspond to the organs where the accumulation of acid is localised. The ability to thoroughly understand and recognise this acidosis sign is very essential, as the inexperienced may mistake it for an azure blue eye. Acidosis is a very common ailment, and the examination for this sign should be a routine procedure. The brown iris shows, on examination, an amber colour, and cloudy when acidosis is present.

EXAMINATION TECHNIQUE

In examining the irides of a patient it is well to observe some definite sequence in the procedure. First of all, the patient should be seated in a comfortable chair which is fitted with some form of head-rest. The chair should be fairly high, so as to avoid necessitating the doctor stooping down unnecessarily over the patient; and, of course, the patient should face a window where there will be a plentiful supply of daylight. In examining the eye under any very intense light, it is well to remember that the pupil will normally be contracted somewhat, and this often causes the condition of the sympathetic wreath to be wrongly interpreted.

The sequence of signs which should be looked for are as follows:—

1. Colour.
2. Acidosis.
3. Scurf Rim.
4. Nerve Rings.
5. Psora.
6. Drug Signs.
7. Acute Signs.
8. Subacute Signs.
9. Chronic Signs.
10. Destructive Signs.
11. Closed Defects.
12. Density.
13. Sympathetic Wreath.
14. Circulation.
15. Arcus Senilis.

In addition, it is, of course, wise to notice carefully any local sign of a constitutional disease, such as the condition of the conjunctiva in biliary disturbances, the condition of the lens in diabetics, etc.

The student or practitioner should make a very careful study of this subject. Continual practice is necessary to become expert in this work. Progressive physicians and students will find this work a great aid in their work on Natural Healing. It is one of the greatest and most accurate methods of diagnosis in existence at the present time; at the same time, it is hardly known.

Case Illustrations.

1. Symptoms of neurasthenia in man aged 40. Served with the army in the tropics. Recent mental disturbances. Iris showed greenish-yellow discoloration over entire iris. Took large doses of quinine for past three years. Committed suicide.

2. Engineer. Blue eye. Sulphur signs from drinking from a well containing sulphur water. Boils periodically due to elimination of sulphur.

3. Blue eye. Man aged 48. Served with navy. Symptoms of sclerosis of spinal cord. Iris showed record of mercury and arsenic having been previously administered. These caused the disease to develop, in my opinion.

4. Man aged 40. Nephritis, psoriasis, gastro-intestinal toxæmia, high blood pressure. Iris showed bismuth, quinine, arsenic, and acidosis. The retained bismuth is helping to cause blood pressure because of its clogging effect in the kidneys. Nature is attempting to get rid of the acidosis by producing psoriasis.

5. Young woman aged 26. Whitish blue iris. Sodium ring present. Treated for rheumatism for some years with sodium sal. Heart lesion present. Iris cleared considerably under Natural treatment. Now fairly healthy.

6. Lady aged 40. Well-defined iodine spot in left ovary. Left ovary removed surgically.

7. Man aged 39. Tremor left arm with wrist-drop. Iris shows steel grey, perfect circle around pupil. Probably absorbed lead through working with red lead, paints, etc.

8. Woman aged 37. Constant stomach irritability despite previous dieting. Mercury ring of a metallic lustre showing. Mouth filled with amalgam fillings, eighteen of them. Alkaline diet helped her. Metallic taste in mouth from eating fruit. (Fruit not indicated.)

Conclusion.

Truth is a true statement, an agreement with reality, and in the fine arts, a faithful adherence to Nature. Those who read this book, no matter whether they are laymen or professional men and women, will find this book full of truths, for the facts are continually being demonstrated by Naturopaths the world over. The Naturopath has a different way of treatment to all other practitioners, because in the first place he works along lines corresponding to the law of cure. If he treats you by spinal manipulation (mechanical treatment) then he is aiming to increase the power and activity of the various organs, and stimulate the various centres in the spine, as, for example, the epigastric centre in the upper part of the spine, genital centre in the lumbar spine, etc. In other words, he aims to remove the cause of the disease, because he knows that behind symptoms there is always a cause. Whether the cause is through dietetic errors, drink, or drug poisons, emotional states or the accumulation of acids, results are more certain because he is working along natural lines toward a cure.

An attempt has been made in this book to help you on your evolutional path, and to show you a saner way towards health and its maintenance. It may help you to avoid the pitfalls on your road and save you endless trouble.

The apparently harmless germ-killers, if such there be, will never prove a cure for tuberculosis, because the tubercle bacillus is the product of the disease and not the cause of it. Micro-organisms of any kind may be present in various tissues of the body, even in health, but they usually require a suitably modified soil before they can cause disease. In the case of tuberculosis, the tubercle bacilli grow and thrive on morbid decaying lung tissue. The only way to prevent the growth and multiplication of the tubercle bacilli or their microzyma is to remove from the system the morbid and scrofulous soil in which they thrive. Elimination, neutralisation, and the increased influx of the vital force is the only cure.

Allopathic Uses.

1. Powerful antipyretic, acting within one hour.
2. General nerve sedative, anodyne and hypnotic.
3. For the relief of pain in nervous headache, neuralgia, ataxia, gout, rheumatism, and painful menstruation.

Symptoms.

1. Undue tendency to fatigue.
2. Despondency, melancholia, loss of memory.
3. Renal irritation.
4. Neurasthenia, nervousness, paralysis, and insanity.

Eliminated.

Coal-tar products, creosote, etc., are usually eliminated by:—

1. Excessive perspiration.
2. Erythematous eruptions.
3. Excessive urination.
4. Nervous and mental disturbances.

ERGOT

Ergot is a fungus which grows on rye, and it shows as a series of bright red, or sometimes rust-brown, spots in the region of the gastro-intestinal tract. Sometimes the drug is observed as bright red spots in the region of the generative organs. It is seen at times as a red or rust-brown circle in the stomach area.